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CASE OF INJURY OF THE HEAD FROM A FALL, CAUSING CONCUSSION OF THE BRAIN, WITHOUT THE USUAL SYMPTOMS.

BY CHARLES HUSTON, M.D.

Daniel Smith, aged 10 years, fell, on the 6th of September last, from a height of about fifteen feet, and struck his head a little below and behind the parietal protuberance, on a marble step. I was called to him twenty hours after the occurrence, and found him with a pulse of 48, having had severe headache and occasional attacks of vomiting since the accident:—his mind was not affected, and he answered intelligibly all my questions relating to his injury. On examining the head I found ecchymosis to considerable extent, but could form no decided opinion as to the state of the bone. Ordered twenty leeches to the injured part, magnesiæ sulphas to open his bowels, and low diet.

7th. Bowels opened once; pulse the same; pain in the head relieved, but great intolerance of light and sound. In the afternoon, Prof. Pancoast was called in, the symptoms remaining the same; ordered hydrarg. chlorid. mitis, gr. v., the head to be shaved, and cloths wrung out of cold water applied to it.

8th. Pulse 54; bowels regular; intolerance of light and sound still remaining.

The symptoms continued very much the same until the 12th, the pain in the head coming on in paroxysms, but with lengthened intervals, and the pulse varying from 50 to 60; on this day he had a slight convulsion, with a wild expression of countenance and dilated pupils; the pulse still 60, and of the natural force: ordered mustard foot-bath and a purge. Nothing of the kind occurred afterwards, the pulse gradually rose to 70 but no higher, the pain in the head ceased, and on the 17th I discharged him convalescent.

Was this a case of concussion or compression? Had it been the former, we ought to have had reaction, with fever, &c.; and on the other hand, if it was compression we should have witnessed somnolency, diminished sensibility of the nervous system, &c., none of which existed. A *palliative treatment* was that which appeared to me to be indicated, and I am happy to be able to say, it was attended with the most beneficial results.

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

CLINIC OF JEFFERSON MEDICAL COLLEGE.

November 9, 1844.

The first lectures of this clinic were delivered to a larger concourse of students than were ever seen within the walls of the extensive amphitheatre. Twenty-five omnibuses conveyed them from the city to the Hospital. Not fewer than five hundred were present; and as a clinic was held at the University of Pennsylvania, and the lectures of the Professors there commenced at 12 o'clock on the same morning, it is manifest, that the number of students in the city must be larger, perhaps, than at any former period of the history of medical instruction in Philadelphia.

At ten o'clock, Professor Pancoast commenced his lectures on Clinical Surgery, and operated before the class for False anchylosisof the lower jaw—Amputation of the great toe—Excision of the posterior part of the os calcis for caries—and opening a deep-seated abscess in the perineum;—accompanying his operations by appropiate remarks.

For the following full report of Professor Dunglison's lecture we are indebted to Mr. White, of Georgia, one of the students of the College, who favoured us frequently with reports of the same clinic last year.

CLINIC OF PROFESSOR DUNGLISON.

Professor Dunglison commenced this, the first, lecture of the course, by remarking, that the subject he had to teach in this place was clinical medicine—in lectures and demonstrations—not necessarily delivered, as the term clinical would signify, at the bedside, for it would be impracticable with so large an attendance of students,—but by presenting to the class in the amphitheatre such cases as were possessed of the greatest interest. He stated, that he would also be able, during the winter, to exhibit numerous pathological specimens, illustrative of the cases brought before them.

Clinical instruction he regarded as all important. It was, at present, attracting a larger share of attention in the medical world than at any previous period; and every endeavour was made by the schools of Philadelphia to render it as effective as possible.

Before entering on the subject proper of the lecture, Professor D. considered it well to make a few statements in regard to the existing arrangements for clinical instruction at the Hospital. He remarked, that for many years the lectures were confined entirely to professors of the University of Pennsylvania; but that soon after his appointment as one of the attending physicians, the Board of Guardians, desirous of increasing the scheme of clinical instruction, requested of the Medical Board of the Hospital to report to them whether this were practicable. The Board recommended that two days in the week should be set apart for this purpose;—one for the medical officers of the institution connected with the University of Pennsylvania; and the other for those connected with the Jefferson Medical College. The recommendation of the Medical Board was

adopted, and the wards were divided between the officers attached to the two medical institutions. In this manner two schools were provided for; but a third—the Pennsylvania Medical College—was not represented by any medical officers. The students of this College, Professor Dunglison stated, were entitled to the same privileges as those attached to the others; and, for one, he would gladly welcome them there, should they feel disposed to attend his clinic.

This Hospital the Professor considers, in point of size, number of patients, and advantageous arrangements, to be second to none in America, and to few in Europe.

Having concluded his preliminary observations, Professor Dunglison proceeded to make some general remarks on the different modes of investigating disease; or, in other words, of forming a correct diagnosis.

He considers it important, in every case, to pay particular attention to the vital and physical manifestations, or (as some writers on semeiology express it) to symptoms and signs; by the former meaning those phenomena dependant on functional aberration; by the latter, those physical alterations of texture that are appreciable by the senses—of hearing and of touch more especially. Properly, every *symptom* is a *sign* of disease; yet there is convenience in the division into vital phenomena and physical signs. Exclusive attention to either of these is to be sedulously avoided. It is only by a careful association of the vital with the physical manifestations, that clear and correct ideas of the diseased condition can be obtained. The disposition to direct the attention exclusively to one class of phenomena has existed in every age of medicine, and nothing is more to be deprecated.

Pathological anatomy, by confirming or disproving our diagnosis, affords much aid in discovering the causes and symptoms of many affections, but it would be injudicious to confine the attention solely to it. In the same way, although the use of percussion affords invaluable assistance, its results are often, when taken alone, equivocal. To each and every morbid manifestation, the attention of the observer should be directed. But although it is judicious thus to combine and compare the evidences afforded by these various means of forming a judgment, as to the character of the affection in any case that presents itself, it is not always necessary; for it sometimes happens, that the vital manifestations are alone sufficient to discover clearly the nature of the malady.

In illustration of this point, the lecturer introduced a patient, with tumefaction of the wrist, resulting from sub-acute rheumatism. This, he observed, is at once recognized as a case of œdema or local dropsy (in contradistinction to anarsarca or general dropsy, and like all œdematous accumulations is dependant on a loss of balance, between the exhalant and absorbent vessels of the part. In the normal relation of these vessels, the absorbents take up what the exhalants deposit, and there is no accumulation of fluid in the cellular membrane; but if the relation be destroyed, a collection of the secretion results, giving rise to the tumefied appearance of the part, as exhibited in this case. The vital phenomena of dropsy are here evident, and are sufficient to establish the nature of the affection.

This case also serves to illustrate certain physical phenomena indicated by the sense of touch, which are easily comprehended. Thus, by pressing on the swelling, as the lecturer did with his finger, and then removing the finger, a depression is left. This results from the fluid contained in the portion of the cellular member under the finger being forced into the neighbouring cells—if they may be so termed. In a short time, the depression or pit disappears, in consequence of the reflux of the fluid to its former position.

The *vital manifestations* in disease are referable to several sources. In every case of diseased action when affecting the whole system, morbid functional phenomena, dependent upon disturbed circulation, innervation or secretion, are observable. When either of these great functions is disordered, the others are apt to be more or less affected. In almost every case, the function of secretion is disturbed, and it is with the view of detecting the extent of this disturbance, that the physician inspects the tongue. This is done, not to notice merely the changes that have taken place in the mucous membrane of the tongue, for they would afford unimportant information, but to judge from the appearance of its surface as to the degree in which the secretory system is implicated. When the secretions, with which its surface is covered, are greatly altered in character, the inference is, that a corresponding disturbance exists in the secreting organs in general. But from this indication alone, no just ideas as to the nature of the alteration can generally be deduced.

Again, the circulation is so constantly disordered in disease, that the pulse is almost always examined. What idea do we form from this examination? The pulsations of the radial artery are not felt with the view to determine merely the state of that vessel; but to learn the greater or less action of the central organ of the circulation. By it, the force, frequency, rhythm, &c., of the heart's contractions are determined. If it be frequent and forcible, excitement is present in the system; and, moreover, we are able to judge, as to the amount of blood circulating in the vessels, the degree of arterial tension, &c. The artery at the wrist is selected for observation, mainly on account of its convenient position. But—the professor remarked—the pulse alone is not to be implicitly relied on as an index of disease. He believed it to be, when taken singly—in the language of Celsus—*res fallacissima*. Other circumstances are to be considered along with it, and then much light may accrue from its careful examination. In proof of the equivocal results, from the consideration of the pulse alone, the lecturer related an instructive case—that of a patient who, in consequence of an amputation, had secondary hemorrhage which well nigh drained his vessels. By judicious measures the hemorrhage was arrested, and re-action in a short time fairly established. At this moment, a medical colleague of the surgeon in attendance—an old practitioner—entered the room, and feeling the patient's pulse—without any knowledge of what had happened—exclaimed:—"why does not my colleague bleed this person?" Here was an instance in which the pulse of reaction, after almost fatal hemorrhage, so much resembled, on cursory examination, that of inflammatory excitement, that a respectable physician, ignorant of the case, deemed it proper to bleed. In such cases as these,—the Professor took occasion to state,—a full dose of opium allays the erethism of the nervous system induced by excessive loss of blood, and restores peace and harmony where, before, all was confusion and turmoil. Such cases show the impropriety of deciding from an examination—and especially from one that is imperfect—of any single phenomenon; for although by careful attention, the pulse of inflammatory excitement, and that depending on erethism of the nervous system produced by copi-

ous bleeding, occurring spontaneously or by art, may be discriminated, yet it may lead astray the young practitioner. In every case, therefore, it is indispensable to the formation of correct pathological deductions to combine an investigation of all the vital manifestations.

The *physical signs*, as before stated, mean those changes which are appreciable by the senses, of hearing and palpation more especially. This mode of investigating disease is of comparatively recent date. The principles of percussion were first applied by Auenbrugger in the last century. Those of auscultation were introduced in the present century by Laënnec. Although the principle of both auscultation and percussion is extremely simple, some have denied that any information can be derived from them; yet the slightest knowledge of Acoustics is sufficient for their comprehension, and for the establishment of their utility.

[Here the Professor, for the better elucidation of the subject, sketched a diagram on the blackboard, to exhibit the chest and a portion of its contents.]

The thorax, formed of more or less elastic parietes, contains two organs of respiration—the lungs, into the composition of which so little solid matter enters, that, for all practical purposes, the thoracic cavity may be considered, except where the heart is situate, as occupied solely by air. Such being the normal condition of the parts, it can readily be conceived that percussion on its parietes would elicit a clear sound—and this is found to be the fact. The sound is clear or tympanitic—not tympanitic, however, in the ordinary auscultatory acceptation of the term—which is generally used to signify an unusual drum-like clearness on percussion, such as occurs in emphysema of the lungs. This being the effect of percussion, in the natural state of the chest and of its contents—the alteration, in the sound rendered on percussion, that would be produced by the introduction of solid matter, to occupy a space before almost solely filled by air, can easily be imagined. If percussion be made over a portion of lung consolidated by the deposition of tubercular matter in phthisis, or or of fibrin in pneumonia, the sound is flat—as would be anticipated. In applying, however, this principle, great caution is requisite to guard against error.

The sound is not the same over every part of the thorax, but it ought to be so, or nearly so, over corresponding portions of the opposite sides. In percussing the chest, therefore, the sounds should be compared on the same parts of the two sides, and if these vary materially, a deviation from the natural state may be suspected.

Again, when the ear is applied over the chest, in the healthy state of its contents, the sound of the air passing into the chest is distinctly audible. This mode of examination is called Auscultation. It also is employing, in conjunction with other senses, that of hearing in the study of disease.

This sound or murmur of respiration varies in different parts of the chest; being alike, or nearly so, however, in corresponding parts, so that as a matter of course, any marked difference in these situations would lead to the suspicion of disease. During health, the intensity is of a certain degree in various parts of the lung, but this may be materially modified by disease. Thus, in cases of consolidation of the tissue of the lung, in certain portions, by tubercular or other deposits, it is reasonable to infer, that there may be a diminution or total absence of the murmur of respiration; and this is found in practice to be actually the case.

Again, the voice in the natural condition of the parts passes downwards through the bronchial tubes, and resounds with a certain intensity throughout the chest. This resonance is propagated to the parietes by means of the pulmonary tissue, so as to be distinctly audible when the ear is applied over the chest. When, however, portions of the lung take on diseased action, this sound is modified. Thus, if there be solidification of its tissue, the conducting power thereof is increased in proportion to its amount—as solid bodies convey sound better than gaseous; and an increase in the intensity of the vocal resonance thus becomes an index of pulmonary consolidation.

By the association of these various modes of exploring disease by physical manifestations, great certainty can often be attained in the diagnosis of thoracic affections. Thus, take the example already noticed of consolidation of the lung, and we find that its existence is conclusively proved, when there are present the three physical phenomena just mentioned—dulness on percussion, diminution or extinction of the respiratory murmur, and increase in the vocal resonance. How beautifully do these harmonize? With what degree of reasonableness can any one deny the aids to diagnosis thus obtained? Yet there are still those who condemn and reject both percussion and auscultation as useless and even ridiculous innovations.

The lecturer next referred to the value of an attention to morbid anatomy, to which also, he remarked, too exclusive attention had been paid even of late years. He regarded it as a most valuable aid to diagnosis. The physical signs indicate to us the morbid anatomy of the organs whilst the patient is alive: dissection, of course, reveals only the lesions that are obtainable from the dead. To this important aid to diagnosis, and in a lesser degree to therapeutics, he proposed to direct the attention of the clinical class on every available opportunity.

Besides the modes already alluded to, the lecturer proceeded to mention others; some of which were derived from an examination of the secretions; others from the effects of remedies. Dr. Marshall Hall had pointed out and urged that the effect of certain remedies might be employed as a means of diagnosis in doubtful cases. His remarks principally apply to the effect of blood-letting in inflammatory and other diseases,—by noticing the degree of tolerance of the system to the abstraction of blood, this tolerance being great in cases of high inflammatory action, and generally bearing some proportion to it; while, on the other hand, but little tolerance denotes that the excitement is to a slight degree. Although this idea is worthy of being borne in mind, Dr. Hall lays more stress upon it than it is perhaps entitled to.

The examination of the blood, or hæmatology, has also been made a guide in investigating the character of existing morbid actions; and it has led to most interesting results. Investigations of the quality of the blood have, indeed, led to a refutation of the idea once prevalent, that inflammation is necessarily present in every case of fever. In the healthy condition, the blood contains in every thousand parts, three of fibrin. In the experiments of MM. Andral and Gavarret it was found, that this constituent is increased by inflammation; and that its augmentation bears a ratio to the degree of existing inflammatory action. Thus, in mild cases it was found to rise to five parts, in severe ones to ten and a half, and in the medium to seven parts in the thousand. This being proved by repeated experiments, it was applied to determine the truth of the proposition, that in all cases ot fever, inflam-

mation of some organ exists, But in continued fever it was found, that there was either no difference, or a diminution, of the fibrinous element. When, however, inflammatory action occurred in the course of fever, an immediate augmentation of fibrin was the consequence.

The increase of the proportion of the fibrinous element to that of the red globules is appreciated by the appearance of the blood, which is covered by the buffy coat. Although, however, the fibrinous element is increased by inflammation, the same circumstance may occur in other conditions of the system. It is noticed, indeed, in two opposite states—in high inflammation, and in chlorosis—a disease, which is benefited by the administration of large amounts of iron.

[The Professor here exhibited a small quantity of blood drawn from the arm of a chlorotic female; which presented a slight evidence of the buffy coat: he also pointed out the fact, that the watery parts of the blood, in such cases—as exhibited by the specimen—predominate. The coagulum was proportionally small and loosely cohering, instead of being firm and cupped, as in inflammation.]

Sometimes, valuable indications may be derived from examination of the secretions. A good exemplification of this is exhibited in granular disease of the kidney, as pointed out about seventeen years ago by Dr. Bright. The urine of a healthy person contains no evidences of albumen, but in this affection a very considerable quantity of the principle is at times secreted by the kidney. Albumen may be detected in urine by the addition of nitric acid which coagulates it. This appearance may, however, be deceptive, inasmuch as the acid may have decomposed certain salts of the urine, and the deposit may be mistaken for albumen. To prevent mistakes, heat should be applied to another portion of the same urine; and if it produces coagulation, the inference is, that the albuminous principle is present, and the albuminuria leads to the suspicion that the case is one of granular disease of the kidney. As in other cases, however, this symptom must be conjoined with others before the existence of the affection can be positively proved.

The professor, after making these remarks, exhibited the effects of the above mentioned reagents on urine from a patient labouring under Bright's disease; and then presented before the class several interesting pathological specimens—the nature of which he demonstrated. Among these was one exhibiting the granular disease of the kidney just alluded to. The patient, a man aged 32, had passed considerable quantities of albuminous urine, and was affected with general dropsy, the fluid of which had distended the cellular tissue almost to bursting,—the tissue of the scrotum and penis having contained about half a gallon of fluid. No other organ presented any morbid appearance except the kidney, which was slightly granulated, the tubular portion being healthy, and only the cortical involved.

The second specimen, from a man 27 years of age, exhibited the appearances presented by what is, in common parlance, termed "whisky liver"—the yellow or biliary element being hypertrophied, so that the appearance of the organ contrasted greatly with that presented by the liver of the other individual, in which there was congestion of the venous system. There was also very great increase of the natural adipose matter. This augmentation of the adipose matter of the liver is stated by Louis to be present in a third part of the livers of patients dying from pulmonary disease. The whisky liver, as the name imports, is found in those who drink largely of spiritous liquors. How the liver should have its nutrition modified in such cases is readily comprehensible. The alcohol enters the portal vessels which rise from the stomach, and is conveyed in a state of concentration to the liver, where, by exciting continually, it gives rise to nutritive aberration. This fatty condition of the organ may be detected by the greasy streak it gives to the scalpel when passed into its substance. [The appearance presented by the knife was shown to the class.]

The last specimen exhibited was one of a lung filled with tubercles, having a small cavity at the summit. The left lung was nearly in its healthy state. The Professor, by percussing the two lungs, demonstrated audibly to the class the difference between the clear sound rendered by the healthy lung, and the dull sound of solidification. The patient's death was caused immediately, by an attack of pleuro-pneumonia—and the lecturer remarked, that his attention at one of his visits was drawn to the presence of pneumonia in the case by the pungent heat of the surface, which an excellent observer—Dr. Stokes—considers as the most invariable and conclusive diagnostic. On percussion, the extensive consolidation which proved to be partly caused by tuberculosis and partly by pneumonia—was perceptible.

This specimen was from the same individual as the whisky liver.

The lecturer concluded by stating, that on future occasions he would endeavour so to select his cases at the Hospital, as to be elucidative of the principles taught by him during the week at the Jefferson Medical College.

A COURSE OF CLINICAL LECTURES ON SOME IMPORTANT POINTS OF SURGERY,

Delivered at St. George's Hospital,

BY SIR BENJAMIN C. BRODIE.

Gentlemen,—I have two or three more words to say on the disease which formed the subject of the last lecture. In one of the preparations I then showed you, there is a deposit of fibrous matter between the cysts composing the tumour, and binding them together, thus confirming what I said of the manner in which these cysts are aggregated into apparently one mass. I have on the table a tumour taken from a breast which I punctured; but the result of the puncturing was, that afterwards this solid fibrous tumour was formed, and projected above the skin. The fibrinous matter grows generally from the inner part of the cyst, but it is found deposited on the outside also. There is also another disease of the breast which you must be careful not to confound with this; it consists of a membranous bag filled with water, and is widely different from that containing serum. They are found not only in the breast, but also in various other parts of the body, and are in fact the true encysted hydatids. When they occur in the testis, they are situated either between the layers of the tunica vaginalis, or else between the tunica vaginalis and the epididymis; if they are in the course of the cord, they are lodged in the cellular membrane which surrounds it. I have published some cases of this kind, and so has Mr. Cæsar Hawkins. The fluid they contain is pure water, and will all evaporate. I have seen tumours of this kind dissected out, and have also removed them by external applications. It is necessary you should thoroughly understand this disease, otherwise you will confound it with scirrhus,

as has frequently been done. It is important because this is a local disease and may be cured by operation. I have given no name to this affection, because I think it is an error of modern times to be continually giving new names to diseases, but if it must have a name, I think it should be called sero cystic tumour. I purpose calling your attention now to a different subject. In my last lecture, I said I should not always lecture on diseases, but sometimes merely on the symptoms of the disease, because I think in this way a great deal of practical knowledge may be learned. It may be all very well to take up one disease in particular and confine yourself to it; but depend upon this, none will succeed in practice who have not made themselves so far masters of the symptoms, as to be able to judge of the circumstances which produce any one symptom in different diseases. Now there is nothing in practice which you will be so often consulted about, as "PAIN IN THE LOINS." It may be produced by a variety of causes; most commonly it is what is called lumbago, a kind of rheumatic or gouty pain in the lower part of the back and loins. It is a disease which is produced by a general derangement of the system, perfectly independent of any local mischief. You find a patient complaining of severe pain in his loins, aggravated whenever he attempts to move, so that he cannot even turn in his bed. If it is simple lumbago, you will find there has been some derangement of the digestive organs, attended with costiveness; an overloaded state of the colon is sufficient to produce this disease. A gentleman consulted me about a severe pain in his loins, which went off when he got up and bustled about: this was nothing but hardened fæces in the colon, and was entirely removed by an active purgative. Sometimes, however, it is more deeply seated; the patient has acidity of stomach after taking his meals; and is troubled with flatulency; the urine also deposits a precipitate of lithate of ammonia; sometimes it stains the chamberpot like a pink saucer; at other times, it is of a yellow or orange colour; the urine comes away clear, and deposits these sediments most abundantly in the morning. When there are none of these deposits, the urine is clear and healthy. I said this disease was rheumatic, but, in truth, it is gout rather than rheumatism, for all those diseases which occur from the acidity of the stomach approach nearer to gout than rheumatism. The real seat of the disease is in the nerves rather than the muscles; and I say it dwells in the nerves for this reason; that it frequently terminates in sciatica, producing pain throughout the whole extent of the sciatic nerve. That there is inflammation of the neurilemma of this nerve in these affections is proved by several preparations in the Hunterian collection, and in these preparations it will be observed that the neurilemma is much thickened. You may distinguish this affection, then, by its being preceded by costiveness, flatulence, and deposit in the urine. The patient may be much relieved by cupping but this will not be sufficient for his cure; he should be freely purged in the first instance, and this should be repeated frequently. The acidity of the stomach is to be relieved by the administration of alkaline remedies, the best way of administering which is by combining them with a small quantity of some vegetable acid. Sir G. Blaine recommended them to be given in this way. A scruple of carbonate of potash may be taken in the manner I have described, two or three hours after breakfast, and again after dinner. This state of system, if not speedily relieved, lays the foundation for a variety of diseases. In a large number of the cases of synovial inflammation you will find the stomach in this state, and you will in vain attempt the cure by local remedies; the constitutional symptoms are those principally to be attended to. You will also obtain great benefit from the exhibition of small doses of colchicum, from i. to ij. grs. of the acetous extract, at bed time, for several successive nights. I am not in the habit of giving this medicine in large doses. There is another form of the disease which is very similar to this, in which there is intense pain, extending down the limb, and attended with a good deal of fever; by and by the limb becomes numb, and the muscles do not obey volition; then the pain in the back subsides, and the patient is left in a state of paraplegia. This is not a very common disease, still you may meet with it; it is similar to lumbago but more intense. If the disease is allowed to go on, the paraplegia is hopeless: the symptoms resemble those of inflammation of the spinal cord; but as patients do not die of this malady, it was very long before I had an opportunity of confirming this opinion. I was called to see a gentleman who was suffering from severe pain in the loins, accompanied by incipient paraplegia of the lower limbs. I prescribed a course of mercury but it had no effect, and he went into the country again, not at all relieved. About twelve months after I saw him again; he was in the same unfortunate condition. Like the King in the Arabian nights, his lower limbs were like marble; it so happened that when I called there, I was on my way to Dr. Davies, to see some preparations, and there I saw the spinal cord and corda equina encrusted with coagulated lymph; he described the symptoms of the patient from whom it was taken, and they entirely corresponded with those of my own patient, only that his patient died, whereas mine recovered. I suppose if allowed to run its course, many would die; still more would remain paraplegic. But I believe much may be done for this distressing affection. If there is inflammation of the cord, treat it as you would inflammation of the membrane of the cord; purge the patient, cup him in the loins, and bring him as soon as possible under the influence of calomel and opium. I am sure I have saved many by this treatment. Again, pain in the loins may be the consequence of diseased kidneys; this is sometimes a nice point to decide, as you cannot judge from the pain. The kidney may be much diseased without giving much pain, or the patient may suffer the most exquisite pain if there be a calculous; but in this case it will only be felt whilst it remains in the ureter. No pain varies so much as that produced by calculi, but generally it is aggravated by any excess. Sometimes, the patient has great weakness in the loins; the pain arising from such weakness, being relieved by placing a cushion under him when he lies down; but the nature of the pain is not sufficient to enable you to say whether or not it originates in the kidneys.

Swelling and inflammation of the testicle, accompanying severe pain in the loins, is generally indicative of disease of the kidneys. If there is cutting pain on making water, attended with sickness, the same disease is to be suspected, as nearly all the diseases of the kidneys are marked by the irritable state of the stomach. When this is the case the patient is languid, incapable of exertion, his appetite is bad, he loses flesh; but if these symptoms are not sufficient to satisfy you as to the nature of the disease, you must examine very carefully the state of the urine. In most cases, where pain in the loins is the result of diseased kidneys, the urine is found to be albuminous. This may be known by boiling a small quantity, when it will become opaque from the de-

position of its albumen; or the same thing results from the addition of nitric acid; if it should be voided opaque, it is rendered more so by the means I have stated. Sometimes the urine deposits pus, or something so much like it as not to be distinguished from it; as the disease goes on, other symptoms occur which clearly prove it to be in the kidneys. If there be a calculus formed there, it will some day or other escape into the bladder; but if its passage from the kidneys should be obstructed, masses of lymph are formed, which passing down the ureters, produce the same distressing pain in the loins and testicles as that arising from stone. These masses of lymph sometimes present a laminated appearance, and are of an oval form; at other times they are found mixed with pus. Occasionally there is a large secretion of mucus in the kidneys, which, in its passage through the ureters, produces very severe pain. But you are not to conclude that a patient has diseased kidneys, merely because he has pain in the loins, as there are many other symptoms to be considered. Caries of the vertebræ is another cause producing pain in the loins. When the vertebræ are affected with scrofulous disease, the cancellous structure is infiltrated with cheesy matter. Ulceration of their cartilages is also found in children of strumous habit. There is another disease attended with the same symptom: it appears to be a kind of rheumatic inflammation of these bones, or cartilages, or it may be of both. It occurs chiefly in adults, and is in no way connected with a scrofulous diathesis. Either of these causes, then, may produce pain in the loins; the difficulty is to determine from what cause it arises in any particular instance. In scrofulous disease, pain is generally very trifling, sometimes so slight as to be scarcely observable; perhaps, when the patient is walking, he strikes his foot against a stone, which jars his back and produces slight uneasiness; he also feels it on stooping, or a slight blow may give rise to it. But, in many cases, the symptoms are so slight that you are not justified in setting it down as diseased vertebræ till the appearance of lumbar abscess, which is a result of disease of the bone, and not of the soft parts.

Mr. Abernethy was unquestionably wrong in his opinions on the origin of this disease. I do not recollect ever to have examined a case where the bone was not diseased. In the other form of disease which I mentioned, the pain in the loins is considerable, and is aggravated by motion; but still the pain is very different from lumbago, coming on gradually, whereas the latter, as you are aware, comes on in paroxysms. Again, in lumbago the pain extends to the hips and thighs, but this is confined to the back. If allowed to go on, its nature becomes plain enough at last. Here the bodies of the vertebræ are affected; the consequence of which is a tilting up of their spinous processes, ending at last in lumbar abscess.—This elevation of the spinous processes is what is called angular curvature. Lumbar abscess may then be the result of inflammation of the vertebræ as well as of scrofulous disease; the distinction being that in the former cases the matter does not escape externally, but in the latter it does. It is quite an extraordinary thing, the extent to which caries may take place in bones, without matter being formed. But pain may occur in this region when the disease is in the vertebræ above; in disease of the dorsal vertebræ, for example, the pain is referred to the loins: this is of course sympathetic pain; but when it has gone on for a year or two, it is felt in the actual seat of disease also. I said that when there was pain in the loins, with deposits in the urine, the kidneys were always diseased; but I am not quite satisfied that this sign is sufficient. I attended a gentleman some time ago, with Dr. Prout; we examined his urine, and thought he had mulb rry calculi, and treated him accordingly; his urine was sometimes of a greenish colour. When he struck his foot against the pavement in walking, he suffered slight pain in the back, which led me to suspect some disease of the spine. But the knowledge we then possessed of these diseases was insufficient to determine whether or no such was the case. He went into the country, but I saw him again some time after, and then, on examination, I found very considerable angular curvature of the spine, two or three of the vertebræ being affected; I then treated it as caries of the spine, and he recovered, the urine no longer remaining albuminous. You must have observed in patients brought in here after a fall, how frequently the urine is deranged; it is not then to be wondered at if it should be considerably affected when there is actual disease in the vertebræ. In these latter cases, however, the urine is rendered ammoniacal as well as albuminous. There is still another disease which I must mention as producing pain in the loins; it somewhat resembles fungus hæmatodes; in this disease, it is the lumbar nerves which appear to be affected; it is attended with very severe pain, but is not at all common. You may be led to suspect the presence of this disease, by the absence of those symptoms which I have described as indicative of the other affections of this region: by the pain extending down the whole of the limb; and your diagnosis will be rendered certain by a tumour being felt in the loins, which may be detected by pressing upon the abdomen. Weakly persons are very subject to pain in the loins, independent of any disease of the part; half the delicate women in this town, from their habits of living, suffer from this pain, and you can never ask an hysterical young woman to relate her symptoms, but she will mention pain in the loins. I have seen at least forty cases of this kind. With such persons, you will always find there is exquisite tenderness of the integuments over the part; but this is only so long as the patient's attention is directed to it; avoid this, and you may press it as much as you please. This is to be detected by the cold hands and feet, irregular menstruation, in some cases the existence of some other discharge, and by a sensibility of the skin when the patient's attention is directed to the part. This class of patients are not to be implicitly relied upon; as they will sometimes tell you the pain is slight, at other times severe, but most frequently they endeavor to exaggerate their symptoms; it is, therefore, necessary that you should be very careful in distinguishing between this and other affections. I need not tell you how important it is to distinguish actual disease from nervous debility.—*London Med. Times.*

BIBLIOGRAPHICAL NOTICES.

Reply of William A. McDowell *to* Dr. Yandell's *Rejoinder, in a controversy relative to the cure of Consumption.* Louisville, Ky. 1844.

This is a pamphlet of thirty pages, in which the author endeavours to sustain himself against the arguments and allegations contained in the Western Journal of Medicine for October last. We have been too much disgusted with advertisements put forth in newspapers, pamphlets, and every other way best calculated to catch

the eye of the suffering and credulous, announcing "*consumption curable*," &c., not to feel suspicious of every thing that bears that stamp. Nevertheless, Dr. McDowell, as well as every one else, has a perfect right to entertain such an opinion, and to promulgate it, provided it is done in good faith and with honest intentions. But to entitle any one to claim such an acknowledgement of motives, it is indispensable, in our estimation, that he shall "*give a reason for the faith that is in him.*" Let us have a statement, not alone of *his experience*, but of his views of the pathology of the disease and the means he employs in the treatment. We can then judge of the correspondence of his observations with those of others, the consistency, safety, and rational adaptation of the means to the end or object to be fulfilled.

The present publication is not of that character. It relates chiefly to facts in dispute between the writers, about which those at a distance can know nothing, and will hardly feel much interest. The parade of cases alleged to have been cured, but without mention of the means, which constitutes a large portion of the publication, is little likely to impress professional men favourably towards the writer.

SYDENHAM SOCIETY'S WORKS.

THOMÆ SYDENHAM, M. D. *Opera Omnia.* Editit GULIELMUS ALEXANDER GREENHILL, M. D. 8vo. pp. 668. Londini. 1844.

The last and the most beautiful volume of the works published by the Sydenham Society, for the year 1843, has reached the subscribers in this country. It, alone, is richly worth the price subscribed for the three volumes.

This complete edition of the works of the great master, is printed from the *opera universa*, published by Walter Kettilby in 1685; and it contains, in addition, the *Schedula monitoria de novæ febris ingressu*—Kettilby's second edition, Lond. 1688;—and the *Processus Integri in morbis ferè omnibus curandis*, A. D. Thoma Sydenham, M. D., conscripti, &c. &c.; necnon *De Phthisi Tractatulo*, &c. &c. Lond. 1695.

The Editor, Dr. Greenhill, has carefully revised the original Latin; yet, from the difficulty of printing works, in the learned languages, even in England, his table of errata is by no means meagre. We have stumbled on one error that has escaped him, and there must inevitably be others. In the formula, for example, at the top of page 560, *Albumen* occurs in the nominative, instead of in the genitive case. Dr. Greenhill has added brief notes with the view of illustration or explanation; has rendered the index to the Leipsic edition shorter, but equally satisfactory; and has appended an index of proper names; and another of medical formulæ, and of the articles occurring in the formulæ; giving, at the same time, the modern names for the different articles of the materia medica.

"Faxit DEUS"—inquit Editor "ter Opt. Max. ut et hic et omnes nostræ vocationis labores, itemque omnia a nova hac Societate Sydenhamiana suscepta, cedant in IPSIUS laudem et hominum emolumentum;"—to which we cordially say, AMEN! Thus far, certainly, the action of the Society has been most favourable to all concerned; and we fervently hope that they may not relax in their useful exertions.

THE MEDICAL EXAMINER.

PHILADELPHIA, NOV. 16, 1844.

MEDICAL CLASSES.

Of the number of students in attendance on the lectures in the various Medical Colleges throughout the country, we are not yet informed. In Philadelphia, the size of the class at the University of Pennsylvania is above the average of that ancient school, while that of Jefferson Medical College is greater than at any former period. We learn also, that the Pennsylvania College is doing better than last year. Of those in neighbouring cities, reports are contradictory, but it is probable they are not materially below their general average.

INSANE IN CANADA.

It is gratifying to perceive the growing interest felt in the welfare of those afflicted with the greatest of all deprivations—the loss of reason. We have had repeated occasion to notice the progress of various institutions for the relief of such in different parts of the United States, and it affords us pleasure to learn that the government of Canada has taken effective measures to secure like advantages to the objects of such establishments in Canada. A law has been enacted for the erection of an extensive building at Toronto; seventy-five acres of ground have been purchased for its site, within the bounds of the City, and a Board of Commissioners appointed to carry the plan into effect. Two members of that body, viz. Professor King and Mr. Cheward, are now making a visit to the principal institutions in this country, with the view of obtaining information on the subject committed to their care. This is beginning right; instead of acting first and looking afterward, as some do. From our knowledge of the gentlemen deputed to make this survey, we anticipate a thorough investigation, and an able report.

CLINICAL REPORTS.

In our present number, we commence our reports of clinical lectures to be delivered during the winter at the Philadelphia Institutions. We have taken measures to be regularly furnished with reports of some of the courses, and shall be glad to be supplied with *all*. It is our wish to make the clinical opportunities afforded by Philadelphia more extensively known, that our brethren at a distance, who are unable to visit the place, may know something of what is doing among us.

DEATH OF DR. FORRY.

From the New York Herald we learn that Dr. SAMUEL FORRY, editor of the New York Journal of Medicine, died in that city on Saturday last.

Dr. Forry, we believe, was a native of Lancaster county, Pennsylvania. He graduated in the Jefferson Medical College in 1832, after which he was attached to the U. S. army, and served some time in Florida as assistant surgeon. Although he died at the early age of thirty-three, he had already distinguished himself by his zealous and successful labors in the promotion of science.

RECORD OF MEDICAL SCIENCE.

Moliform Fibro-Cartilaginous Tumor, attended with Enlargement and Obliteration of the Cavity of the Uterus. Successfully extracted by J. PANCOAST, M. D., Professor of Anatomy in Jefferson Medical College, &c.

The patient in this case was a Mrs. L., a lady 37 years of age, residing in the upper part of the city, who had been for a considerable period under the professional care of Dr. John K. Knorr, of this place. From this gentleman I have received the following brief history, which is illustrative of the obscurity so commonly attendant on uterine tumors, previous to their making their appearance in the vagina.

"Thirteen years since, Mrs. L. aborted with a first child. A short time afterwards, feeling that all was not right with her, she consulted the physician then in attendance upon the family, who advised her to wear a pessary. A waxed cork pessary was accordingly introduced, which she wore for some weeks. After riding upon one occasion for some distance, on a rough road, she was seized with a severe pain in the lower part of the abdomen, accompanied with a discharge of blood from the vagina. This induced her physician to remove the instrument. Since that period, she has at different times consulted various physicians, all of whom agreed that she had merely prolapsus uteri. After she came under my charge, consultations were at my request held with two distinguished practitioners of this city, one of whom supposed there was a tumor of a carcinomatous character, covering a large portion of the posterior part of the uterus; the other, that there was a polypous or carcinomatous expansion of the posterior lip of the uterus. A remarkable feature in this case was the fact that she menstruated regularly till within a short time of the period at which you first saw her. During a few weeks prior to the operation, there was a discharge of pus from the tumor at intervals of several days; on one occasion as much as half a pint being discharged at a time. This discharge, it was hoped, might effect a reduction of the tumor, so as to protract the patient's life. No such good effect, however, seemed to follow; the tumor appeared to steadily increase in size, and the patient became altogether confined to her chamber. The success of the operation you performed has been perfect in this case, Mrs. L. now enjoying as good health as at any previous period of her life.

Very truly yours,

To J. Pancoast, M. D. J. K. KNORR."

When called to the case of Mrs. L., in consultation with Dr. Knorr, an uterine tumor could be felt on palpation over the hypogastrium, round and smooth, and about the size of the fœtal head. The vagina, on examination, was found filled with a globular mass at its upper part, from which a tail-like process protruded, with its free end between the labia. This end was about an inch and a half broad, and an inch thick; and from its exposure to the urine, and probably to the contact of foreign bodies, was almost black, diffusing a gangrenous odor. On tracing up the tumour with the finger, no line of demarcation could be distinguished between the morbid growth, and the rounded mass of the uterus itself, which could be felt at the top of the vagina. A small fissure, however, was detected on the side of the tail-like process which led into a smooth, narrow cavity a half an inch deep, the axis of which was in the direction of the centre of the mass above it. I was led to infer from the examination, and the great solidity of the uterine tumor, that this cavity had probably been the source of the purulent discharges, and that its present small size might be owing to a rapid growth of new substance from the whole inner face of the uterus, which had not only filled up the cavity of that organ, but shot out in the process discoverable from the vulva. I made an attempt to draw down the whole mass of the tumor by this process, so as to expose the point at which the expanded orifice of the uterus embraced the tumor, but the process was found too friable to admit the application of the requisite degree of force. The finger was then brought from the top of the vagina downwards, so as to search for the junction of the os tincæ with the process of the tumor, the process being pushed in the opposite direction with the other hand. By this means I was able to detect a little prominence, which proved to be a portion of the lip of the uterus, that had been overlapped and obscured by the tumor. The end of the forefinger was gradnally worked under this prominence and carried round the tumor, so as to separate from the latter the inner face of the neck which adhered closely to it. The ends of the forefinger of each hand were then carried up on opposite sides of the tumor, to serve as points of support to each other, while the process of separation was continued as far up as the fingers would reach. The partially loosened mass was then grasped with the thumb and forefinger of one hand, so as to draw the tumor downward till the *os tincæ* came in view from the vulva, and the separation continued further with the forefinger of the other hand, which was carried up with its palmar face towards the uterine wall. When the tumor was detached from the uterine wall as far as the finger would reach, recourse was had to a small pair of the œsophagus forceps invented by Dr. Bond, of this city. This instrument was passed up closed, with the concave face towards the uterus, between the uterine wall and the adherent tumor; and the blades then opened with force, so as to continue the process of separation. By repeating this manœuvre on the several sides of the tumor, its loosening was effected up to the fundus of the uterus. The forceps were then passed up with their *concave face to the tumor*, and by using them partly in the manner described and partly as a lever, the whole tumor was detached from the uterus, and drawn out from the vagina in a mass, lacerated to some extent by the instrument. The tumor formed a bulk somewhat larger than the closed fist, and weighed three quarters of a pound. It seemed to have been attached equally to all parts of the internal face of the uterus, the line of attachment, as in cases of moles and adherent placentæ, being rather less firm than the texture of the mass. Not more than five ounces of blood was lost during the operation, which lasted over an hour, and was not attended with a great deal of pain—a dragging sensation at the hypogastrium being the chief suffering complained of, with some severe twinges in the region of the left kidney and spleen, during the latter part of the process.

After the removal of the tumor, the os tincæ, which remained largely dilated, but thin and flaccid like the mouth of a gum-elastic bag, could be seen from the vulva. I introduced a finger into its cavity (which was found rough and cellular to the touch), in order to carry the uterus up to its proper position. The patient was then drawn up in bed, directed to be kept perfectly quiet, and take a tablespoonful of neutral mixture with the tenth of a grain of morphia, every hour, till she should fall into perspiration and

be composed to sleep. On the following day she was found free of pain, and comfortable. Some slight soreness was felt in the hypogastrium during the next, which was removed by a single warm fomentation. A slight oozing from the uterus took place during the four or five days succeeding the operation —no further inconvenience followed. The patient was. however, kept in bed for three weeks, in order to obviate any tendency to prolapsus which might otherwise have taken place. At that period, she resumed her usual occupations, and has remained, up to that time, as healthy and active as she has been at any period of her life.

In its character and mode of attachment to the uterus, the tumor removed in this case was somewhat UNIQUE. It was not surrounded by a mucous membrane or pediculated like an ordinary polypus. It contained no vesicles or fœtal remains like the *ordinary* moliform productions. It was solid, very friable and readily split in layers, appearing to be made up of a mass of gelatinous fibres interlaid with crude opaque albuminous matter. It was of a pale rose hue; this color being in all probability due to the presence of the small vessels which gave out blood during the extraction of the tumor, though no vessels were visible on making an inspection of the diseased mass after its removal.

Tumors of a character somewhat similar to this, have been supposed to arise from the organization of coagulated blood in the cavity of the uterus. But in this instance it seems to me more probable, that it has been gradually developed in the form of a morbid exudation from the cavity of the uterus, which exudation having received, to more or less extent, vessels from the uterus, participated in the menstrual engorgement of this organ, and allowed the menstrual fluid to escape.

Philadelphia, Sept. 24, 1844.

HEALTH OF NEW ORLEANS.

The health of New Orleans was perhaps never known to be better than from the beginning of this year up to the present time. No epidemic whatever has prevailed, and the most extensive practitioners of the place unite in the testimony that they have never had less to do during the same period.

The summer has been one of the hottest ever experienced; with frequent showers during July and August, as will be seen by the abstract of our meteorological tables. Thus it would appear we have had a large share of *two*, of what have generally been considered the most *essential agents* in the production of the remote cause of summer and autumnal diseases, i. e. *heat* and *moisture*. As to the other ingredients, viz. *dead vegetable and animal matter*, one would suppose there was never any deficiency about such a place as New Orleans. Well, we have here all the *hypothetical elements* of *hypothetical malaria*—but where are the much dreaded consequences? We will go on with our statement of facts, and our readers may draw their own conclusions. The Mississippi which runs along the border of our city for about three miles, has probably not been higher within *fifty years* past. Its waters being considerably above the level of the city, were permitted by means of culverts to pass into the gutters, and thus to flow along the principal streets in continued streams to the swamp in the rear. These lively streams, to the width of at least a mile along the heart of the city, have continued to flow from May to about the 10th of September, when their source was cut off by the falling of the river. The descent from the river to the swamp, is about 4 or 5 feet; lessening as you recede till the waters in the gutters at the back part of the city, (a distance of a half, to three quarters of a mile), are almost stagnant. The scavengers usually draw out the thick, muddy contents, with hoes, and after drying, it is carted off. The supply of fresh water this season must have had a salutary influence upon these *filthy sewers*.

Since the decline of the river, an immense *batture* along the whole extent of the city has been exposed to the rays of an autumnal sun, but little mitigated by clouds or rain, for four or five weeks past. The effluvia from this batture is quite offensive, both in the morning and evening.

Such is the state of the case; and under such influences, New Orleans has been, and continues to be, one of the healthiest cities in the world.

By reference to our Hospital Reports, it will be seen the admissions into the Charity Hospital have been unusually large; but the cause of this is explained in our last number, and need not be repeated here. It is gratifying to witness the decided amelioration in the mortality of that Institution. The monthly statements of the other Hospitals afford a better index to the state of health.—*N. O. Medical Journal.*

MORTALITY OF NEW ORLEANS, 1844.

Total Number of Deaths of all Diseases.

From July 1st to 20th, 181; viz. Adults 123, Children under 15 years, 58.

July 20th to August 15th, 237. Adults 151, Children 86, (of Yellow Fever 1.)

August 15th to 31st, 121. Adults 75, Children 46, (of Yellow Fever 4.)

September 1st to 15th, 130. Adults 95, Children 35, (of Yellow Fever 12.)

September 15th to 30th, 157. Adults 111, Children 46, (of Yellow Fever 42.)—*Ibid.*

A CASE OF COMPOUND FRACTURE OF BOTH TIBIA AND FIBULA, WITH A FEW PRACTICAL REMARKS.

By Richard King, Surgeon.

This case occurred in a boy, ætat. 14, of a healthy constitution. The accident happened as follows:— He was riding on horseback along the road, when another little boy came behind the horse, and gave it a blow with a stick, which caused the horse to plunge forward. The boy was thrown with great violence; and, on endeavouring to arise, he found he was unable to do so. He was, accordingly, brought home, a distance of one mile. I was sent for at 6 o'clock p. m., half an hour after the accident occurred; on my arrival at the house, I found the boy labouring under great pain, together with the shock caused by the injury, and some, though not much, loss of blood. On cutting off the shoe, and removing the stocking, I found the tibia and fibula driven out a little above the internal malleolus. The tibia was broken off at the epiphysis, and the fibula about two inches above the external malleolus; the wound, which was perpendicular, and the length of which was three inches, together with a transverse wound of two inches, corresponded to the lower extremity of the horizontal one; both bones protruded about four inches. On examining the wound, and passing my finger behind the protruding bones, there was a large cavity filled with coagulated blood, which was removed with a syringe, in order to see if any of the principal vessels were divided. The accident appeared of so serious a nature, as at first, to lead me to propose amputation to his parents, as the only

means of saving his life (and to which they readily consented;) but, on considering the boy's age, and his being of a good constitution, it was determined on giving him a chance of saving his limb. With the kind assistance of Drs. Hunt and Booth, I commenced by first endeavouring to reduce the protruded bones; but, after many ineffectual attempts, I abandoned it, and carefully removed two inches of the bones, and a second time thought to reduce the remaining portion, in which I also failed, until the longitudinal wound was enlarged an inch and a half; they then readily admitted of reduction; the wound was brought together by four points of suture, and a roller applied; an anodyne draught was given, with cold evaporating lotions, externally, to the part. (The boy suffered very little during the operation.) There are a few important observations connected with this injury, which I will give in detail, after thus briefly sketching down the case. No bad symptoms ever set in all through; there was little or no suppuration; no exfoliation. The wound healed kindly; and I may mention the position which seemed most favourable, viz.; laid on its external surface, the leg semi-flexed on the thigh. The boy is now, three months after the accident, able to walk, with only the assistance of a stick; he has perfect use of the ankle-joint. There is a slight degree of shortening, which corresponds to the portion of bones removed; there is also thickening about the joint, but which is gradually lessening.

The remarks which I would wish to make, and deem of practical importance, both in a physiological and surgical point of view, might be divided into two sections:—First, as regards the injury; and secondly, the treatment to be adopted in such cases. We know, from experience, that injuries so approximated to a joint, and one of such magnitude, as the ankle, may be attended by the most serious consequences, particularly if the surgeon endeavour to save the limb. In this case, the tibia was broken off at its junction with the epiphyses, leaving its articular portion in connection with the joint, and driven out for the space of four inches through a lacerated wound in the soft parts; the fibula also protruded; its extremity was considerably spiculated; the foot was very much everted, and the bones protruded below its plantar surface; therefore, it was impossible to examine what extent of injury the joint had suffered; but, from the nature of the accident, it was deemed sufficient to have caused more or less injury. Secondly, as to the treatment of these injuries. The difficulty arising to this remark, is, to determine whether the limb ought to be saved, or amputation be performed, as soon as the patient recovers from the shock. This case, from its successful issue, and from the little disturbance which occurred, would induce a surgeon (in similar cases) to propose saving the limb; but I believe, in the majority of cases where such injury occurs, amputation is preferable.—*London Lancet.*

ON THE PROTECTIVE INFLUENCE OF VACCINATION.

The general conclusion, drawn by Dr. Retzius, of Stockholm, from his observations of small-pox, and the effects of vaccination in Sweeden, are these:—'The protection afforded by vaccination from the close of the second year of life against the contagion of the variolous poison, usually lasts unimpaired to the end of the thirteenth year or so; after this period it begins to lose its effect, and gradually becomes more and more uncertain on to the twentieth or twenty-first year of life. For the next four or five years, the disposition to the small-pox seems almost to have recovered its original integrity; and this state of liablity continues unimpaired up to the age of forty years or so. At about this epoch of life it begins to approach nearer and nearer to the limit of its existence—which it reaches, in the majority of cases, about the fiftieth year—the period when the general revolution of the human body commences to take place.'

The practical inference to be drawn from these remarks is the propriety of repeating vaccination in about thirteen or fourteen years after the first performance. This advice is in accordance with the observations of the most experienced practitioners: it would be well if it were more generally acted upon.—*Medico-Chirurgical Review.*

FOREIGN BODY ACCIDENTALLY LODGED IN THE LARYNX OF A CHILD.

Mr. R. W. Smith exhibited to the Dublin Pathological Society, the larynx of a child, six years of age, whose death was occasioned by a nail which it had in its mouth, and had accidentally swallowed; the nail, which was one of the common brass nails used by upholsterers in covering chairs, did not pass into the œsphagus, but got into the larynx, where it became fixed, and occasioned suffocation. The the child in this condition, was brought to the dispensary where every means for its relief were used, but in vain. It was at this time completely asphyxiated. Mr. Richey opened the trachea; a gush of air came from the lungs through the incision, but no inspiration followed, although inflation of the lungs was resorted to. The nail was found lying in the larynx, with its point upwards in the sinus of the ventricle of the larynx, and its head downwards below the glottis. Mr. Smith observed that we should not be deterred by the result of this case from attempting to restore animation in cases of asphyxis from similar causes: some cases were recorded, in which, after tracheotomy, or laryngotomy, the lung had been successfully inflated, even when no air had gushed from the wound.—*Dublin Journal.*

FACIAL NEURALGIA.

In the Lancette Francaise, is detailed the case of a tobacconist who presented himself a short time back at the consultation of M. Velpeau, suffering intensely for eleven years with facial neuralgia. He bore unequivocal marks of blisters, moxas, and setons having been applied in great numbers, and had moreover taken a prodigious quantity of Meglin's pills. Some surgeon had attempted a cure of the complaint by dividing one of the branches of the tri-facial nerve and he had extracted (as has often happened) all the teeth of the upper jaw on the affected side. After examining him it was found impossible to devise any method that had not already been fruitlessly employed, when M. Pajol, a young physician, thought of asking him if he had ever been the subject of lues venerea. He admitted that he had a bubo, for which he had not undergone a specific treatment. Upon this intimation, M. Velpeau prescribed for him a treatment with the proto-ioduret of mercury. By the employment of this remedy the man recovered, and did not again suffer from neuralgia. It is very probable that many osteoscopic pains are nothing else than syphilitic neuralgia, particularly when it is remembered that they sometimes yield in a miraculous manner to the application of several blisters to the part affected, as M. Ricord has fully established; and that, where the blister has not succeeded, a deep incision over the seat of pain has answered the same intention. The efficacy of repeated blisters against

neuralgia is well-known, and Dr. Marchal, of Calvi, has shown that in certain cases of cranial neuralgia, a deep incision of the parts has had a most prompt and sedative effect on the pains.—*Lond. Med. Times.*

OBSTINATE HÆMORRHAGE FOLLOWING THE EXTRACTION OF A TOOTH.

Dr. J. Hartman states in the Neumeister's Repertorium, that a man of robust and vigorous constitution, who had ten years previously had an incisor tooth in the lower jaw extracted, followed by obstinate hæmorrhage, had another incisor tooth of the same jaw removed, shortly after which profuse hemorrhage occurred, and continued in spite of medical treatment, for five days, when he was conveyed in a state of great exhaustion to the general hospital at Vienna, where Dr. Bataffa, surgeon in chief of the district, determined to have recourse without delay to compression, which he practised in the following manner:—he prepared a cone, made with wax, the thickness of which corresponded with the diameter of the alveolus; this he soaked in a styptic mixture and then introduced it into the cavity. He afterwards applied two flat pieces, prepared from the same mass, of sufficient extent to cover over the alveolar orifice, and then placed over the whole a square plate, maintaining it *in situ* by a narrow bandage, conducted transversely in the direction of the angles of the mouth, and inclined downwards to the chin. In this place the bandage was drawn towards the occiput, in a line with the vertex, and terminated by being carried round the forehead. The patient was enjoined to preserve absolute repose of mind and body. A potion was prescribed for him, composed of barley-water, acidulated with *Haller's acid elixir*, and administered through a funnel. The hæmorrhage was arrested, and the patient rapidly regained his strength. After the third day the apparatus was removed without a return of the bleeding, and he left the hospital on the sixth day, cured.—*Ibid.*

FOREIGN BODY IN THE BRONCHI OF AN INFANT.

An infant two months old, was on the knee of its mother, who was engaged in cleaning French beans. Suddenly it was seized with a convulsive cough, coming on in fits, with intervals of perfect calm. On examination, the face was found pale, with an expression of suffering; respiration difficult, and attended with lifting of the alæ of the nose. No fever, nor any abnormal sounds on auscultation. At the slightest motion a fit of suffocating cough came on, and the child leaned forward and opened its mouth as if to vomit. Various conjectures were advanced as to the nature of the case. Leeches, blisters, and emetics were had recourse to. It was thought a foreign body might be present, and the trachea was opened, but none was found. On examination of the body after death, there was found at the bifurcation of the bronchi, a bean, surrounded by pus and false membrane. The lungs were hepatized."—*Edin. Monthly Journal.*

ACUTE GLANDERS COMMUNICATED BY THE BITE OF A HORSE LABOURING UNDER CHRONIC DISEASE.

An individual, whilst administering medicine to his diseased horse, was accidentally bitten on the cheek. Two days subsequently, symptoms of acute glanders manifested themselves. The patient died after an illness of thirteen days, having presented during life the usual symptoms of this disease, and in addition there appeared one not heretofore described—opacity of the cornea.

"It was further remarked, as the horse had been five months ill, and as the case was one of acute glanders, communicated by a bite from an animal then chronically diseased, that the distinction which some persons had attempted to establish between acute and chronic glanders was not warranted."—*Veterinarian.*

INSANITY CAUSED BY EXCESSIVE DRINKING, FOLLOWED BY ANASARCA.

M. Brière de Boismont narrates, in the Gazette Medicale, the case of a foreigner, fifty years of age, of middle size, and lymphatic temperament, who had contracted a habit of drinking to excess, so that two or three bottles of brandy would be swallowed in a few minutes. These repeated excesses brought on an attack of delirium tremens eight years ago, which left a weakness of intellect. For some months past he required to be watched every moment; if he was lost sight of for a moment, he escaped, entered the first wine shop that presented itself, and left his watch, hat, or waistcoat, to pay his expenses. After one of these debauches, he was brought to M. Brière's establishment. His face was thin, his complexion yellow, his eyes dull, and without expression; tongue white, and no appetite. To all questions addressed to him, he replied "wine, brandy!" and put himself in a passion when he did not get what he wanted. At night he was quiet in bed; his step was firm, and there was no trembling in his limbs. The memory was weak, and he required to be told a thing twenty times before he could remember it. During the first three days he took little food, and coloured water was given him to drink. By degrees he got accustomed to the house, eat like the rest, and no longer asked for drink. Two months after his entrance, his appetite diminished daily. The face became lean, and assumed an earthy color: he remained motionless in a corner; and his legs became, soon afterwards, anasarcous. The horizontal position, nitrous drinks, and purgatives were prescribed, the infiltration began to diminish somewhat, and it then became stationary. The nitrate of potash in large doses and purgatives were given, and compression was also employed, thereby producing some amelioration. The loss of appetite, however, remained the same, and he continued to emaciate. His appearance gave indications of a serious organic attack. The mode of treatment hitherto pursued having produced little good, and the disease progressing, the dropsy was regarded as owing to deprivation of the habitual stimulants; consequently half-a-bottle of wine at each meal, with a glass of brandy, was prescribed. Scarcely had he been under this treatment eight days, when a most remarkable change was produced in his whole being. The effusion diminished, the physiognomy improved, the appetite returned, and, without having recourse to bandages, the swelling was radically cured in less than a fortnight. Isolation, and the moderate use of fermented liquors, had a favourable effect on his intellect. This patient, who had been the subject of complete dementia, a year after his admission could converse reasonably, although his ideas upon certain subjects were weakened. His memory, which seemed lost, eventually recovered almost all its strength. He related the events of his life, described the processes which he had observed in the arts, and desired to return to his family. One hallucination remained. Every day at three o'clock he saw his wife come into the room—she spoke to several persons in the house, but never addressed him. He has left the establishment qnite

cured; but it is pretty nearly certain that his *penchant* for spiritous liquors will occasion a relapse.—*London Medical Times.*

LIQUOR POTASSÆ A TEST FOR DIABETIC URINE.

Mr. Moore states, from experiments which he has made, that liquor potassæ, when boiled with diabetic urine, affords a reddish-brown precipitate, and a characteristic rich claret colour. Mr. Palmer, he says, was the first to notice this.—*Ibid.*

DELIRIUM FOLLOWING THE USE OF TARTAR EMETIC.

Mr. Whittaker was in attendance on a gentleman affected with pneumonia, which he treated with bleeding, and the exhibition of small doses of tartarized antimony. By these means the disease was subdued, but a new train of symptoms set in; the patient became in a half frantic state, with a countenance of health, yet expressive of much pleasurable excitement; tremors of the hands, picking of the bedclothes, and every thing that came within reach; unusual activity, great volubility of speech, and extraordinary craftiness. This state, which Mr. Whittaker designates delirium tremens, but which appears to us more to resemble mania, was successfully treated by the exhibition of solid opium in large doses.—*Ibid.*

HYSTERIA.

Dr. Allnatt narrates a case of severe hysteria with ptosis, caused by a flash of lightning, which he cured by purgatives, tonics, and sea-bathing. The complaint was removed in about a month, or six weeks. Dr. Allnatt details the case to urge the necessity of caution in forming a diagnosis, as much injury might have accrued from an erroneous opinion in this case. Cases of hysteria mistaken for inflammatory action are by no means rare.—*Ibid.*

CARBON ELIMINATED BY PLANTS.

Dr. Aldridge, from certain experiments which he has performed, draws the conclusion that plants decompose carbonic acid by night as well as by day; in darkness as well as in the light; that the separation of carbon from oxygen, the retention of the former and the disengagement of the latter, is a function performed by all plants under all circumstances, although it is performed with greatly increased energy when vegetables are exposed to the stimulating influence of light.—*Ibid.*

THE LONG ISSUE IN THE CALVARIUM.

In the Provincial Medical Journal is detailed by Dr. Oke, the case of a boy suffering from cerebral disease following scarlatina, in which advantage was derived from the long issue made in the calvarium, according to the directions of Dr. Wallis. Consciousness returned by the third day.—*Ibid.*

INTERMITTENT FEVERS.

Dr. Crawford states, in the Montreal Medical Gazette, that intermittent and remittent fevers are extremely prevalent in Upper Canada, whilst they are very rare in the lower division of the province. An extraordinary exemption from this class of fevers is also observable in Nova Scotia, and New Brunswick. At Annapolis, Windsor, and Fort Cumberland, in Nova Scotia, which are situated at the embouchures of rivers, daily exposed to extensive inundations by the rise of the tide, where the banks for several miles exhibit a combinatin of mud, marsh, and decayed vegetation, so generally considered a prolific source of this class of febrile diseases—intermittents and remittents are extremely rare; and at Frederictown, in New Brunswick, situated on the marshy banks of a river, surrounded by a dense wood and luxuriant vegetation, these diseases are scarcely ever met with; proving that, although, on some occasions, circumstances of this nature may favour the development of this disease, its prevalence or existence is by no means a necessary consequence or concomitant; while, on the other hand, this class of diseases has been very prevalent at Gibraltar, the Ionian Islands, and Bermuda, countries which are destitute of marsh, and comparatively barren of vegetation.—*Ibid.*

RUPTURE OF THE HEART.

BY J. HOWARD NORTON, M. D., &c.

I was called, on the night of Oct. the 6th, to see a man, named Charles Blackman, carpenter, who had fallen down, apparently in a fit, and was dead before I could reach him. The account that his wife and a fellow-workman gave me of his previous state of health, was, that he had several times complained of a severe pain in the anterior portion, and at the left side, of the chest, but always continued to work at his trade up to the time of his death, and was considered a strong and active workman. The day previous to his decease, he had carried his carpenter's bench a short distance, and after having done so, complained to a fellow-workman "that he felt something inside him to have given way." On the following evening, he was seized, whilst in bed, with an acute pain in the chest, which he described as being very intense; he however walked down stairs to the yard, and almost instantly expired.

At the post-mortem, ordered by the coroner, I found, on the left side of the chest, extensive and old adhesions between the pulmonic and costal pleuræ (he having had several ribs fractured many years ago); both lungs were otherwise healthy. On opening the pericardium, I found it *filled* with dark coagulated blood; on examining the heart, I found a rupture, one quarter of an inch in length, at the superior part of the *right* ventricle, communicating with the cavity of the pericardium. The heart was enlarged without thickening of its walls; it was softer than natural; externally it presented signs of chronic inflammation; there were no pseudo membranes, or fibrinous adhesions; internally it had a pale and flabby appearance. On examining the surrounding parts, I found a common sewing needle, one inch and a half in length, imbedded in the cellular tissue attached to the anterior portion of the pericardium, but not piercing that membrane; this foreign body was evidently the exciting cause of the disease of the heart, which led to its rupture. No information could be obtained from his relations, as to how the needle had entered the body.—*Ibid.*

FISKE FUND PRIZE QUESTIONS.

The Trustees of the Fiske Fund, in Rhode Island, propose the following questions for 1844–45:—1. "The best mode of treating, and the best apparatus for the management of, fractures of the thigh." 2. "The character, causes and best treatment of bronchitis." For the best dissertation on each of these questions, the sum of fifty dollars will be paid—the dissertations to be sent, previous to May 10, 1845, to Dr. L. L. Miller, of Providence, Dr. T. C. Dunn, of Newport, or Dr. Jabez Holmes, of Bristol.—*N. Y. Journal of Medicine.*